| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013389 | A. BUILDING: _____ B. WING _____ | C 11/30/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **WYNDMOOR ASSISTED LIVING LLC** | **1465 EAST CROSSING BLVD TERRE HAUTE, IN 47802** |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| R 000 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Complaint IN00342271. This visit included a Residential COVID-19 Quality Assurance Walk Through.<br><br>Complaint IN00342271 - Unsubstantiated due to lack of evidence.<br><br>Survey date: November 30, 2020<br><br>Facility number: 013389<br><br>Residential Census: 118<br><br>Wyndmoor Assisted Living Llc was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00342271 and Residential COVID-19 Quality Assurance Walk Through.<br><br>Quality review completed on December 3, 2020. | R 000 | | |